HUSBAND PARTICIPATION IN CHILDBIRTH:

THE EVALUATION OF A PHENOMENON

by

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I certify that this thesis is my own composition, and that all sources have been acknowledged.

J.E.S. Deng

TABLE OF CONTENTS

LIST OF TABLES

LIST OF TABLES (Contd)

...

CHAPTER I

INTRODUCTION

While working in a public hospital the author has observed a marked increase in the number of husbands present in the labour ward during recent years. The question posed in the present study is whether their presence represents a change in male and female roles, the apparent sharing among males in the traditional female role being established as a major pattern for the future, or whether the phenomenon represents a transient but not significant response to a temporary social fashion.

Reference to standard texts and recent work devoted to the sociology of the family reveals only casual interest in husband-wife interaction during pregnancy, and demonstrates a singular lack of concern with the social significance of husbands in labour wards; so much so that the question arises whether the husband's presence might simply represent an evanescent response to external popular influences of no great sociological interest.[1] It could be that the presence of husbands in labour wards is a well established social trend favoured by many mothers-to-be who are encouraged by obstetrically orientated womens' movements, but serving no

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[1] See, for example, Winch, R.F., The Modern Family, (1971), Goode, W.J., The Family (1966); Ferber, B., Family and Kinship in Modern Society (1973); Young, M. and Wilmott, P., The Symmetrical Family, (1973), Krupinski, J. and Stoller, A., The Family in Australia, (1974).

viable purpose for either husband or wife, and providing an unnecessary complication in the work of the technical personnel present at childbirth. In other words, does the phenomenon merely represent an immediate and temporary response on the part of the husband to social pressure exerted externally, and have no association with major social trends relating to recent changes in husband-wife roles? or in the role of the husband in particular? Examination of the limited sociological commentary on the subject reveals two standard themes:

1. The presence of the husband in the labour ward is anxiety-reducing in terms of providing support and companionship in a stressful situation. (Hall, 1954: 289; Dicker, 1969: 416; O'Leary, 1971: 97-99; Fleming, 1972, 1949, and Wright, 1964: The New Childbirth, 199).

2. The presence of the husband in the labour ward reflects the role sharing contemporary women seek in establishing an equalitarian relationship with males, a desire for syncratic cooperation between all partners in all important matters, which is reflected in the prospective mother's wish to share some part of the moment of childbirth with her husband. (Meares, 1974: 13, 31, 158, 173; Kitzinger, 1971: 57, 139; Bernard, 1972: 125-155; Stassinopoulis, 1974: 15, 20, 107, 139).

The present exercise is an attempt to determine empirically which of these "explanatory" models (social response, tension reduction, or marital role sharing) gives us a better understanding of what appears to be a growing trend during childbirth, and an understanding of the role of the husband. Since the research is limited to a selective sample in a single population in one Australian city, its results must remain tentative. However, even if not conclusively validating any given model, the results should suggest whether standard works are correct in ignoring the phenomenon or, alternatively, reveal

a need for further study.

1. Background

References to Couvade (from the French "brooding" or "hatching"), where the husband goes to bed when his wife has a baby, are recorded as early as 200 BC (Trethawan and Conlon, 1966: 111, 5766). Today there are still four widely dispersed centres of Couvade (East Asia, the Pyrennees, northeastern South America and the Plateau area of North America), an indication of the independent development of the father's role in the birth event in these areas. (Hoebel, 1966: Anthropology 322). Modern western husbands who report "sympathetic" abdomina pains during their wife's pregnancy are noted from time to time, but the presence of husbands in the labour ward and husbands attending ante-natal classes are phenomena of the 20th century. There appears to be general agreement that the initiation for the introduction of the husband into the previously restricted areas of midwifery hospitals stems from the publication of Childbirth without Fear, by Grantley Dick Read in 1933.

Read believed that most of the anxiety and stress with pregnancy and childbirth is the result of ignorance and folk tales passed from mother to daughter; in other words, a culturally induced fear of the childbirth process. He saw the doctor's role as providing not only medical expertise, but also as explaining the process of childbirth carefully to each patient in order to dispel fear and anxiety, which produce tension and thereby mitigate against relaxation, and cause pain. The husband's role primarily is to display support, interest,

and understanding to his wife to enable her to approach pregnancy in a suitable frame of mind. In addition, if allowing the husband to enter the labour ward would not distress him, and would enable him to help his wife maintain a relaxed and composed disposition, then this also was an important addition to his role and his contribution was a valuable one. Read's colleagues had little if any quarrel with a move which benefitted the relationship between husband and wife, but to admit a layman - and the husband at that - to the labour ward was contrary to their early upbringing, and foreign to their medical training. It is not without significance that Read never became a member of the Royal College of Obstetricians and Gynaecologists due to a professional reluctance to see merit in his viewpoint, although today some members and fellows of that body acknowledge the practicality of many of his concepts. Writing on the subject of support in the labour ward twenty years after the publication of Read's first book, an Australian obstetrician stated that:

> "A woman in labour needs a close confidant ... the presence of a close confidant ... together with sacral massage, will do more to relieve the pain of labour than all the drugs at our command" (Hall, 1954: 289).

This is not to say that all obstetricians agree with all of Read's views. At a meeting of gynaecologists attended by the author in April 1973 in connection with the training of interns, the question of husbands in labour wards was discussed. The main theme in the discussion clearly indicates a reluctance to accept the presence of the husband in the labour ward. Some felt that the presence of the husband at a confinement compounded the difficulty of providing instruction to medical and nursing trainees; others felt that possible misinterpretation

of events by the husband could result in medico-legal action. Only two out of the fifteen gynaecologists present had no unqualified objection. However, all were prepared to yield to real or imagined social pressure. They believed the husband would continue to be a part of the delivery room scene because of a client demand encouraged by obstetric orientated womens' movements, in particular, the Childbirth Education Association. On the other hand, most felt that many husbands give their wives comfort and psychological support during labour which could not be provided by the nursing staff under existing or projected working conditions. That the doctors in practice in the city where the research was undertaken fail to employ any of the timeworn maneuvres described by Freidson (1971, 310-321), and Roth (1963, 344-396), whereby the medical profession manipulates its clientele for its own needs - when in discussion they have intimated definite ambivalence - may be an indication of the dichotomy of referral systems in the city where there are the two streams of patient acquisition, aptly called "client dependent" and "colleague dependent" (Friedson, 1971: 193), so that in private medical practice the doctor's success as a "professional merchant" may depend on a welding of sensitivity to the self-conceived needs of the client with what is considered to be good medical management by the referring colleague. It is believed that this very marketplace atmosphere of obstetric consultant practice is an important reason why the local branch of the Childbirth Education Association could well have been able to exert a more than marginal influence in popularising the presence of husbands in the labour ward.

Regardless of the traditional objections, the medical

and nursing literature certainly supports the contention that husbands give psychological aid and comfort which the staff are too busy to provide. As one professional wrote:

> "Today, in hospitals where it is the practice to welcome husbands as willing members of the maternity ward team, no woman needs to be left alone during her labour, however busy the staff may be" (Dicker, 1969: 416).

And on the subject of the doctor feeling threatened, one American obstetrician is recorded as saying that imagination poses a greater threat than what the eyes behold (Friedman, 1972: 416).

Read lectured and wrote tirelessly in an endeavour to spread his message. After World War II his work attracted the attention of a group of French obstetricians (in particular Lamaze, Painless Childbirth, 1972; Vellay, Childbirth without Pain, 1966, and Chertok, Psychosomatic Methods in Painless Childbirth, 1959). They coined the word "psycho-propylaxis" for natural childbirth. The publication of books by these three attracted a wide reading public in the United States, resulting in one woman putting down her own experiences in a book titled: Thank You, Doctor Lamaze (Marjorie Karmel, 1959), which with the other writings was the catalyst in the formation of the Preparation for Parenthood, and Childbirth Education groups.

Such groups are not confined to the United States, and their membership is broad-based, including medical practitioners, physiotherapists, social scientists, nurses, and enthusiastic amateurs. While keenly supporting the doctors' methods of obtaining maximum relaxation to achieve a palliation of the pain of childbirth, they lay greater stress on the role of the

husband than had the doctors up to that point, to ensure that "the husbands' role especially will no longer be limited to a momentary organic function" (Vellay, 1966: 41). An important aspect of the social role of the father-to-be, observes a doctor associated with a Swiss psycho-prophylactic group, is to form a link between home and hospital. His presence relieves the tension and strangeness of the atmosphere and, in combination with adequate ante-natal preparation, the husband's presence can help dissolve the pain induced by socio-cultural factors (Clerc, 1972: 74).

If it can be said that Read identified the problem and precipitated the phenomenon which was expanded by the French medical profession and taken up in America with the formation of childbirth education groups, then it is Sheils Kitzinger who was the first social scientist to call for sociological examination of the phenomenon:

> "Woman's expectations about birth, her role as a parent in any society, her early relationship with the baby, the effects of the birth on the marriage and the wider family, the social environment within which they exist - these are not matters of individual psychology, but are essentially sociological phenomena. Even labour itself cannot really be exempted from sociological scrutiny" (1967: 10).

She supports the role sharing concept and, like Read, is deeply concerned with ante-natal preparation and education, but relieves the medical practitioner of some of his responsibility:

> "In one sense, preparation for childbirth is 'medical", if only because pregnancy and labour involve physiological changes which are supervised by medical personnel and assisted when necessary. But in another sense, preparation is primarily educational and concerns emotional aspects of adjustment to a phase of life, a different image of the self, and a different social role. In this sense it is not medical at all, and calls on teaching and counselling skills, on techniques derived from group dynamics, and insights and research in the fields of psychology, sociology, and social anthropology: (1973: 20).

For Kitzinger, having a baby is a joint enterprise, and if one grants that a woman in labour needs a companion, then the logical companion is her husband; and in fact she sees the role of the modern husband in the labour ward as a definite responsibility, including being involved in this shared enterprise (1973: 16).

Similarly, Wright (1964: 199) suggests that if the parents cannot be together to share the birth event, it becomes a happening completely out of context with the rest of their lives. This concern with "sharing" is echoed by Dicker with her assertion that "there is no doubt that the majority of expectant parents want to be together to share the birth of their child", (1969: 416), and again by Fleming, who says:

> "... the avant garde of the young who are now the childbearers in our society, are concerned with sharing. Now the most shared experience next to the act of love itself is the sharing of the two in the birth of their child (1972: 914).

2. Marital role relationships

Since one of the aims of this study is to attempt to discover whether the presence of the husband in the labour ward

does represent a change in male and female roles, and in view of the account in the medical and sociological literature relevant to the problem of the importance of shared experience, shared relationships, and shared roles, it would seem pertinent at this point to discuss the characteristics of role sharers as revealed in the literature.

In her book Family and Social Networks, Elizabeth Bott (1971) conceptualises the role relationships of married couples as role sharers, where there is a "joint conjugal role relationship" in which husband and wife expect to carry out domestic and non-domestic activities together with a minimum of task differentiation, and role dividers, where there is a "segregated role relationship" or a complementing relationship in which there is predominantly independent division of labour, interests, and activities, and each party has friends outside the home. Bott's dichotomy has considerable merit as an ideal type, but it could be argued that the role relationships of most married couples will tend to be distributed along a continuum between the two extremes, depending on a number of variables, among which one can mention occupation, education, income, and the phase of the couple in the life cycle.

In the past, with the onset of parenthood, marriage (and parental) roles have been segregated to some degree by reproductive and maternal functions. In this period between the marriage service and the birth of the child, couples discover each other's strengths, weaknesses, and potentials, and household and leisure activities are shared in an atmosphere of "togetherness". With the birth of the baby they enter the

next phase of the life cycle - they acquire the role of parents, with its implicit role responsibilities and expectations. It is the end of what Rausch has termed the "psychic honeymoon" (1963: 368-380).

The interaction between husband and wife must of necessity be different now from previous generations because of the changing status of woman and the large number of wives and mothers who are working. The wife of today often combines the dual role of working woman and housewife/mother:

> "In grandmother's day the female labour force consisted largely of unmarried women, mostly young, but including older spinsters, widows and deserted wives of all ages. Today, two-thirds of the womens' labour force in the United Kingdom is made up of married women. Even in Belgium, which has the lowest proportion of married women workers, they constitute the majority of women workers" (Wynn, 1972: 54).

Again, in Australia the 1971 Census report showed that nearly one-third of married women are working.

When the wife is working, her most valuable source of help in dealing with household chores comes not from labour-saving devices, nor from relatives and friends, but from her husband. Nor is the relationship between husband and wife necessarily affected adversely (Jephcott, et.al, 1962: 126). Many husbands acknowledge that when wives also go to work, they themselves have a responsibility to help in the home (Young and Wilmot, 1957: 121). Also, the increased affluence generated by the wife's income - other things being equal - removes one source of tension which may otherwise result in marital instability (Weiss, 1970: 52). Thus, it is not

unreasonable to infer that with a wife working, a joint conjugal role relationship of shared endeavour would be fostered.

Bott further relates role performance, expectations and relationships to the closeness or otherwise of the family network system. The role dividers tend to be part of an extended family network radiating out from their respective families of orientation. By contrast, she considers that the role sharers have an attenuated network system (1971: 101). Young and Wilmot logically conclude that geographical mobility weakens the family network system and enhances a shared role relationship:

> "Husband and wife are together now and a closer partnership can make isolation more bearable ... if now he does not have to share her with so many others he plays his role of messenger, earner, and companion" (1957: 146).

Where the husband fails to accept this position, Fanning (1967: 382) and Warman (1968: 979) report a significant incidence of neurosis.

Bott considers that the type of family network system is influenced by social class, working class families having a close-knit network, and middle class families having an open network of kinship and familial links. By implication there should be a greater degree of role sharing among middle class couples than between working class couples. But if one considers the relevance of social class in marital role sharing, the literature presents certain difficulties which are derived principally because of a degree of imprecision of definition among different authors in their concept of social class. For example, in a British study presented by Hannah Gavron (1968:

91), the findings showed that of the middle class sample, 21 percent shared the houswork and the husband did any chore required, from ironing to washing napkins, from cleaning to cooking. In her working class group, over half the couples shared the housework between them. In Gavron's study occupational status was her predictor of social class. In America, Blood and Wolfe reported similar findings. They also noted less role sharing among comparable rural and urban populations, and they showed further that the husband's task performance at home decreased as his income increased (1971: 254-271). The question of division of labour in the home as it relates to social class is by no means a closed one. On the other hand, in looking at the relation of educational attainment to role sharing, there appears to be a positive correlation. This was certainly exemplified in the Rapaport and Rapaport study, Dual Career Families (1971), where wives combine full-time employment with full-time housework as the result of the reorganisation of the domestic division of labour on a cooperative basis. They conceive of family structures as being based on an egalitarian relationship between husband and wife with notions of partnership, sharing, and role flexibility being extremely important. However, the Rapaport study suffers from being confined to a small number of married couples who all have above-average education, and above-average financial resources.

Bott herself is well aware of the difficulty of demonstrating a correlation between social class and marital role sharing, having already related social class with a type

of family and social network. She goes to considerable pains to outline the difficulties of allotting people to middle class or working class categories on the basis of their own perception of their social class, or on high or low status characteristics such as income, education, occupation, race, religion (1971: Chaps. vi and vii). Her hypothesis may be more workable if one ignores the class determinant as a label, and considers marital roles in relation to the type of family network system, to the varying degree of geographical mobility, and to the relevance of occupation, income, and education as specific predictors rather than as an aggregate, which somehow gives a more accurate measure of social class.

The relevance of contemporary role relationships to the phenomenon of husbands in the labour ward is quite precise: has social change produced a change in conjugal roles, with greater attendance of husbands at the birth of the baby as a consequence? In The New Woman (1974), Ainslie Meares answers this question with a very strong affirmative and says that in her own experience of interaction with men, the contemporary woman values the experience of sharing above all else, and that she wants her husband at the moment of childbirth, insisting that later, when mother and child have returned home, he should take an equal share in looking after it as well as continuing with other domestic chores.

It is also clear that the development of a marriage through the birth of the baby rests on the value the baby has for the parents, but the practical result of the birth is that it really closes the circle by tying the parents to one another.

This can occur in two ways: the existence of the third element either initiates or tightens the bonds between the two by enhancing their mutual regard, affection, and love, or the relationship which evolves between the child and each parent produces a new but indirect link between them. According to Meares it is the former which is important to modern woman (1974: 173.)

Although the baby may forge a link between the parents, it may also prove disruptive, by making apparent the tensions and incompatibilities that have either remained submerged, or remained unacknowledged. The newborn child has an immediate role to play, and the parents see it as making demands which they must fulfil. The intimate family relationships are altered, and at the same time the birth of a child alters the relationships between a great number of people outside the immediate family. A first child adds to each parent's previous status of husband or wife the new family status of father or mother. In the same way their parents acquire the status of grandparents, brothers and sisters become uncles and aunts, and on the acquisition of their new status they are expected to adjust their behaviour accordingly.

Pregnancy forewarns of these new relationships. The situation is anticipated socially and psychologically, but there will always be those who are unprepared for the transition to parenthood, and who find themselves confronted with a role that they are unwilling, or unable, to play:

> "Many women, whose interests and values made a congenial combination of wifehood and work role, may find that the addition of maternal responsibilities has the consequence of a fundamental and undesired change in both their relationships and their involvements outside the family" (Rossi, 1968: 29).

There can be many reasons for this. In the first place the pregnancy may be unanticipated. The relative certainty of avoiding pregnancy "guaranteed" by modern contraceptive methods has produced an attitude of mind which leads women to believe that they can prolong the "psychic honeymoon" until a mutually agreed time has elapsed. She may be anxious as to her continuing attractiveness, or she may not be psychologically geared for the physiological restrictions imposed by the pregnant state, or concerned regarding her husband's reaction to having to share her with another individual. But even when both husband and wife anticipate the arrival of the baby with eagerness, it will involve major changes in their own interpersonal relationships and, as an editorial in the May 1973 issue of the Medical Journal of Australia stated:

> "Conception and birth, traditionally times for celebration, are crisis periods when new behaviour patterns which will influence the family's welfare are formed ... our present practices overtax the mother and neglect the father. Are parental roles really so different? (1: 920).

Sociologists talk of the "crisis state" of pregnancy (Rossi, op.cit; Bernard quoting Burgess and Wallen, 1972: Chap. 7), and discuss the desirability or otherwise of regarding it as a true crisis, a "normal" crisis, or a transition in the life cycle. The semantic differences and nuances in nomenclature do not alter the fact that for many the transition to parenthood - pregnancy along with the anticipation and realisation of

giving birth - can be a stress-inducing experience. The modern western woman may be disadvantaged in this regard in comparison with women in less developed societies, for as Jane Hubert points out, in some primitive cultures women have a set of socially accepted expectations about how they conceive ... what it is like to be pregnant ... how they will give birth ... and what it is like to be a mother. She expresses regret that "in our own society we do not have this satisfying consistent pattern" (1974: 37-51). It would appear that the stress-reduction explanatory model of the phenomenon of the husband in the labour ward is as worthy of further investigation and assessment as the role sharing model, and this supportative role is a new one for the husband in a society which has previously maintained a clinical and scientific approach to procreation and parturition.

REFERENCES

BERNARD, J., 1972 — The Future of Marriage, Souvenir Press, London, pp. 65, 125-155, 343.

BLOOD, R.A. and Wolfe, D.M., 1971 — "Resources and Family Task Performance", Sociology of the Family, M. Anderson (ed.), Penguin Books, pp. 259-271.

BOTT, E., 1971 — Family and Social Networks, 2nd ed., Tavistock Publishers, London, p.53.

BUREAU OF CENSUS AND STATISTICS, 1971 — Australian Census Report, Government Printer, Canberra.

CHERTOK, L., 1959 — Psychosomatic Methods in Painless Childbirth, Pergamon Press, London.

DICKER, K., 1969 — "Husbands in Labour Ward", Nursing Times, March 27, p.416.

FANNING, D.M., 1967 — "Families in Flats", British Medical Journal, 4, p.382.

FERBER, B., 1973 — Family and Kinship in Modern Society, Scott Forsman & Co., Glenview.

FLEMING, G., 1972 — "Delivering a Happy Father", American Journal of Nursing, Vol.72 (May), p.914.

FREIDSON, E., 1971 — The Profession of Medicine, Dodd, Mead & Co., New York, pp. 310-321.

FRIEDMAN, D.D., 1971 — "Motivation for Natural Childbirth", in Psychosomatic Medicine in Obstetrics and Gynaecology, N. Morris (ed.), Karger, Basel, pp. 97-99.

GAVRON, H., 1968 — The Captive Wife, Penguin Books, p.91.

GOODE, W.J., 1966 — The Family, Prentice Hall & Co., New Jersey.

References (Contd)

HALL, G.J., 1954 "Modern changes in the attitude towards the pain of Labour", Medical Journal of Australia, 41, pp. 289-291.

HOEBEL, E.A., 1966 Anthropology - The Study of Man, McGraw-Hill, New York, p.322.

HUBERT, J., 1974 "Belief and Reality: Social Factors in Pregnancy and Childbirth", in The Integration of the Child into a Social World, A.I.Richards, (ed.), Cambridge University Press, London, pp.37-51.

JEPHCOTT, A.F., Scarr, N., and Smith J., 1962 Married Women Working, G.W. Allen and Unwin, London, p.126 .

KARMEL, M., 1959 Thank you Dr. Lamaze, Lippincott, Pa.

KITZINGER, S., 1967 The Experience of Childbirth, Penguin Books, London, pp. 10-11, 57, 139.

_____ 1973 Giving Birth, Sphere Books, London, pp. 20, 76.

KRUPINSKI, J. and Stoller, A., 1974 The Family in Australia, Pergamon Press, Melbourne.

LAMAZE, F., 1972 Painless Childbirth, Pocket Books, New York.

MEARES, A., 1974 The New Woman, Fontana Books, London- pp. 13, 31, 158, 173.

MEDICAL JOURNAL OF AUSTRALIA, 1973 "Are Fathers Really Necessary?", 1: p.920.

O'LEARY, S., 1971 "Husband Wife Teaching Teams in Childbirth Education", in Psychosomatic Medicine in Obstetrics and Gynaecology, ibid, pp. 97-99.

References (Contd)

RAUSCH, H., et.al., "Adaption to the First Years of Marriage", 1963 Psychiatry, 26, 4: pp.368-380.

READ, G.D., Childbirth Without Fear, Heinemann, London. 1933

ROSSI, A., "Transition to Parenthood", Journal of Marriage 1968 and the Family, 30, 1, pp.26-29.

ROTH, J., "Information and Control of Treatment in 1963 Tuberculosis Hospitals" in The Hospital in Modern Society, E. Freidson, (ed.), The Free Press, New York, pp. 344-396.

STASSINOPOULOUS, A., The Female Woman, Fontana Books, London, 1971 pp. 15, 20, 107, 137.

TRETHUWAN, W., and Conlon, M., "The Couvade Syndrome", British 1966 Journal of Psychiatry III, pp. 57-66.

VELLAY, P., Childbirth Without Pain, Hutchison with George 1966 Allen & Unwin, London.

WAWMAN, R.J., "Proceedings of the Royal Society of Medicine", 1968 The Changing Military Environment, 61, p.979.

WINCH, R.F., The Modern Family, Holt, Rinehart & Winston, 1971 New York.

WRIGHT, E., The New Childbirth, Tandem Books, London, p.199. 1971

WYNN, M., Family Policy, Pelican-Penguin Books, p.54. 1972

YOUNG, M. and Wilmot, P.W., Family and Kinship in East London, 1937 Pelican-Penguin Books, pp. 121, 146.

CHAPTER II

RESEARCH AIMS AND METHOD

The research aims of the thesis are to determine the extent of husband participation in the labour ward, and explore possible reasons for this phenomenon in terms of the usefulness of explanatory models such as that of a role sharing relationship between husband and wife, or of a social support system in a stress situation.

Witnesses to the birth of a baby are recorded by name in the hospital Labour Ward Register, which is a serially kept record of the total number of births per month, and details of the identity and address of the patient, her age and parity, the length of time in labour, the method of delivery, the sex and weight of the baby, the volume of blood lost by the mother with the expulsion of the afterbirth and any obstetric or perinatal complications. The Register is maintained from 1st January to 31st December each year and is then filed in the Records Department. A picture of the general trend - whether the number of husbands present at the birth of their children was increasing ... had reached a peak and then declined ... or was being maintained at a particular level ... was established by an examination of this Register, taking the number of husbands present proportional to the total number of births over a ten-year period.

This figure, however, gives no measure of the relation of actual performance to role expectation between husband and wife. Although some idea of this particular discrepancy could

be obtained from a sample survey of couples recorded in the labour ward register, an assessment of the relevance of stress and role sharing presents difficulties since standard measures of stress and role sharing are not readily available. Hence, following Rosenberg: (1968: Ch. 8), who disagrees with the view that there is a single correct approach to the collection of data for any given problem, and also bearing in mind the exploratory nature of the investigation, it was felt that a survey questionnaire designed to provide background data on couples who do and do not choose to be together in the labour ward could be supplemented by a smaller survey study of husbands and wives together, using a semi-structured interview schedule designed to provide qualitative information on the nature of both stress and role sharing. The operating assumption was that this combination of procedures would provide a compromise between the disadvantage of either a totally open-ended or forced choice approach.

It is freely conceded that the nature of any response is influenced by the interest of the respondent, his/her personal awareness, powers of expression, and degree of commital. Nevertheless it was felt that some in-depth probing in the smaller survey would generate replies which could be used to suggest how one could approach the measurement of both the stress and role sharing variables critical to such a [illegible] study,[1]

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[1] The contention can be supported by citing a few examples,

When asked whether husbands should be present during a birth, a 26-year-old physical education teacher simply answered: "Yes", without providing further elaboration. Whereas a sheetmetal worker of the same age replied:

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contd.

"Yes, every husband should go for the birth of one of his children - it should be a sort of requirement. It's part of the marriage agreement to share responsibility. If you both want children when you start the process it should not be left to half the agreement to finish it".

His somewhat pragmatic approach would certainly support the contention expressed by Young and Wilmot that, whatever happened in the past, the young man of today does not consider that his children belong exclusively to his wife's world.

On the other hand, a plumber of much the same age did not consider that he should be anywhere near the labour ward, implying potential stress to his wife and tension for himself during the childbirth process:

"It's simply not proper to be present, and I would be distressed and upset if she were in pain and embarrassed for her if things got out of hand".

Again, there was the ambivalence of a construction site supervisor:

"I do not really think that husbands should remain in the labour ward for the baby's birth. On the other hand I would be agreeable if my wife wanted me there". (She has since had another child and her husband stayed with her).

These shades of meaning could not be derived from a questionnaire alone unless it was possible to predict the variety of responses beforehand.

1. Setting

All the data is derived from one Australian capital city, which may be briefly described as a young, affluent community with a predominance of government civil servants and white collar workers. Its financial security is compounded by an above average proportion of working wives, and relatively youthful and well-educated population. Mobility is high and the community is composed mainly of nuclear families (Australian Bureau of Statistics, 1974: 29, 40; Australian Bureau of Statistics, 1975: 6-18). The hospital data was obtained from the labour ward register of the only hospital operating in the community at the time the surveys were conducted.

2. Background survey

The questionnaire and survey data were obtained from four hundred and sixteen women who were confined by the author in 1971-72. All received a questionnaire (Appendix A) by mail, together with a prepaid addressed envelope, during January 1973). Three hundred and seventy-two replies were received, yielding a response rate of 89 percent.

This background survey primarily provides baseline data with respect to three variables which, according to the literature in the field, should differentiate between those couples who decide for and against the husband's participation in the labour ward: age, education, and occupation. In short, this part of the study represents an attempt to explicate previous findings.

3. Interview survey

The sample for the small interview survey was derived from among the author's own patients confined during the three months June-August 1973.[2] Altogether fifty-one babies were born to forty-eight couples, and twenty-eight husbands were present during the birth. (Three women who were delivered by Caeserean section were excluded from the sample). The wives were contacted with a request for the cooperation of their husbands and themselves in a research project on the subject of husbands in the labour ward. Of the twenty-eight couples who had shared the birth experience, twenty-six took part in the study. Of the twenty whose husbands were not in the labour ward, one was excluded as the husband had moved interstate. Twelve of the remainder were prepared to cooperate, but not before their wives had spoken further to clarify reasons for the interview. There were six direct refusals from this group and one indirect refusal (inasmuch as the letter of request was ignored). The main reasons given for refusal were that it was an invasion of privacy or the topic was not worth discussing. The willingness (almost eagerness) of the first group to cooperate is an interesting sidelight.

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[2] As both samples were composed of clients of the author, no claim is made that the samples were random, or representative of the general population. Members of the Childbirth Education Association who were not patients of the author were willing to participate, but they too would ave been a self-selecting sample, and those who volunteered were mainly couples committed to the presence of husbands in the delivery room. Other doctors were prepared to discuss their own opinions on the subject but were reluctant to submit their patients to an interview by another doctor.

A checklist of items covered in the interview schedule is provided in Appendix B. The range of topics included: Age; birthplace; occupation; educational achievement; role sharing; mobility; ante-natal classes; psycho-social cues and factors pertaining to stress and tension in relation to childbirth; self-perception, and mutual expectations of husbands and wives.

The interviews were held in the surgery between December 1973-January 1974 and were recorded on tape, permission to record the interviews having been obtained in each case.

The fact that some of the respondents were hesitant to participate in the study and required further elaboration of the aims of the interview before agreeing to become involved, and that there were outright refusals to participate are not without importance in assessing the usefulness of the responses obtained. However, even if some of the respondents agreed to the interview out of a sense of obligation, it does not alter the fact that at some stage, faced with the choice of the two alternatives, they had decided whether or not to be together in the delivery room during the birth of their child, and granted that these two groups of people had made different decisions, it is interpretive information about the social facts which produced the decision that is sought, in addition to some notion of the perception of the nature of the role of the husband in the labour ward, even if the results are only suggestive of the need for further study.

REFERENCES

ROSENBERG, M., 1968 The Logic of Survey Analysis, Basic Books Inc., New York.

AUSTRALIAN BUREAU OF STATISTICS, 1974 The Labour Force, Government Printer, Canberra.

AUSTRALIAN BUREAU OF STATISTICS, 1975 Average Weekly Earnings, December Quarter 1974, Government Printer, Canberra.

_____ 1974 Australian Capital Territory Statistical Summary, 1974, Government Printer, Canberra.

CHAPTER III

RESEARCH FINDINGS - DATA

As an objective measure of the actual participation of husbands in the birth event in the population studied, the Labour Ward Register was examined for the period 1962-74. During this period all midwifery was conducted at one hospital. In 1973 a second maternity unit was opened and this explains the fall in total births as shown in the hospital records used in this study:

TABLE 1

Husbands at confinement 1962-74

Year	Total births	Husbands present	% husbands present
1962	1,145	10	0.7
1963	2,016	30	1.5
1964	1,974	102	5.2
1965	2,191	125	5.7
1966	2,341	115	5.0
1967	2,505	108	4.3
1968	2,692	123	4.6
1969	3,182	101	3.2
1970	2,608	361	10.0
1971	4,052	493	12.2
1972	4,211	687	16.3
1973	2,704	594	21.9
1974	3,848	680	20.2

This Table clearly shows that the proportion of husbands present in the labour ward during childbirth has increased dramatically since 1962, and we will endeavour to explain that increase.

If stress alone is the critical factor accounting for the presence of husbands in the labour ward we would expect a

gradual decrease in such participation, since the risks associated with childbirth have decreased over time. If contemporary programs to educate prospective parents are having an effect at all, we might also expect parents in the 1970s to be more informed both in terms of pre-natal care and the childbirth process, and thereby more at ease than parents in the 1960s. At the outside we would expect no change in the short run. The observed trend clearly contradicts the expectations derived from a stress reduction explanation for the presence of husbands in the labour ward.

If role sharing is the critical factor accounting for the presence of husbands in the labour ward, we would expect a gradual increase in such participation, reflecting a trend towards role sharing behaviour among married couples, which reportedly is occurring in the general population. Although there is an increase, it is abrupt, (1969-70 being the pivotal period), rather than gradual. The break in the trend coincides with the emergence of a local Childbirth Education Association which strongly encourages the presence of husbands in the labour ward - even to the extent of recommending doctors who are sympathetic to the idea. If true, it is possible that role sharing is a dependent, rather than independent variable, vis-a-vis presence of the husband in the labour ward, with the latter a derivative of social pressures brought about by the Childbirth Education Association.

1. Background survey

Having noted the general trend, an attempt was made to identify the salient characteristics which distinguish couples

who decide for or against the presence of the husband in the labour ward, by sampling the author's patients over a two year period. The intention was to determine the characteristics of couples who appear susceptible to influence by organisations such as the Childbirth Education Association which encourages husband participation, to look at conditions under which stress is most likely, and to give particular attention to the characteristics of couples most likely to be role sharers.

It is clear, however, that any generalisation from the study sample to the hospital population is tenuous. The background survey indicates a much higher incidence of husband participation among the author's clients than in the general population (compare Tables 1 and 3.1), and the average age of the mothers at confinement is somewhat higher in the sample than in the hospital population (Table 2):

TABLE 2

Percentage of confinements by age of mother

	Under 25	25 +	N
Background survey	26.6	73.4	372
Hospital population (from Labour Ward Register)	39.9	60.4	4,211
Interview survey	57.9	42.1	38

Other than the fact that the author is sympathetic towards couples who prefer to have the husband in the labour ward there is no clear explanation for this differential. Perhaps the age differential could be the result of the sources of the author's patients, namely, referred cases from general practitioners of problem patients, or those with potential problems. Such cases are frequently associated with

older women. The remainder of the patients are obtained from word-of-mouth referral of friends of former patients usually living in the more established inner suburbs, rather than the outer suburban growth centres with a younger population.

2. Age of mother

The age range for the mothers was between 17-43 years and for the purposes of the study they were divided into those under, and over, 25 years. The defence for this somewhat arbitrary division is that role sharing is presumed to be a recent, developing trend among married couples, and predictably more common among those under 25.

One would expect greater participation of husbands in the labour ward among very young couples. If it is the stress factor that accounts for differential participation, we should observe greater participation during the birth of the first child and particularly among older women having their first child, since this is a situation where childbirth presents the greatest risk of complications for both mother and child. On the other hand,where the risk is real rather than potential, the doctor may not accept the presence of the husband, irrespective of the wishes of the couple, and there is a limitation on the husband's ability to reduce stress and tension as he can only provide psychological and motivational support. The reassurance in this situation will be provided by the doctor.

TABLE 3

Husband participation in labour ward by age of mother

Age	Present	Absent	N/A	% Total
3.0 Husband present during labour:				
17-25	61 (61.6)	17 (17.2)	21 (21.2)	99 (100)
26-43	138 (50.6)	83 (30.4)	52 (19.0)	273 (99.9)
Total:	199 (53.5)	100 (26.9)	73 (19.6)	372 (100)

$x^2 = 5.75^*$ $p < 0.02$

* All x^2 values for 2 x 2 tables are with Yates correction. The N/A category is not included in the analysis. Some totals may not add to 100% due to roundoff error.

3.1 Husband present at birth:				
17-25	41 (41.4)	31 (31.3)	27 (27.3)	99 (100)
26-43	79 (28.9)	134 (49.1)	60 (20.0)	273 (100)
Total:	120 (32.3)	165 (44.4)	87 (23.4)	372 (100)

$x^2 = 7.91$ $p < 0.01$

3.2 Husband should be present during labour:				
17-25	92 (92.9)	7 (7.1)	- (-)	99 (100)
26-43	238 (87.2)	31 (11.4)	4 (1.5)	273 (100)
Total:	330 (88.7)	38 (10.2)	4 (1.1)	372 (100)

$x^2 = 1.11$ $p < 0.30$

3.3 Husband should be present at birth:				
17-25	83 (83.8)	14 (14.1)	2 (2.0)	99 (100)
26-43	190 (69.6)	74 (27.1)	9 (3.3)	273 (100)
Total:	273 (73.4)	88 (23.7)	11 (2.9)	372 (100)

$x^2 = 6.40$ $p < 0.02$

The data in Table 3 tends to support the role sharing thesis if one may infer a greater prevalence for that posture among younger couples (as indexed by age of mother). The trend holds for both preferences (Table 3.2 and 3.3) and actual participation (Table 3.0 and 3.1). However, the stress

hypothesis appears to be supported by the data in Table 4. There is greater participation of husbands in the labour ward for the birth of the first child, and especially for older women bearing their first child. It is also clear that the higher rate of participation among younger couples observed in Table 3, may be partly accounted for by the not unexpected disproportionate number of younger women having their first child. Thus it would appear that the stress thesis gains more support from this data than does the role sharing model.

TABLE 4

Parity by age of mother,/ Proportion of husbands present at birth by parity and age of mother

Age	First child	Subsequent child	% Total
4.0: Parity by age of mother:			
17-25	68 (68.7	31 (31.3)	99 (100)
26-43	87 (31.9)	186 (68.1)	273 (100)
Total:	155 (41.7)	217 (58.3)	372 (100)

$x^2 = 39.02 \quad p < 0.001$

4.1: Proportion of husbands present at birth by parity and age of mother:			
17-25	0.46	0.32	0.41
26-43	0.60	0.15	0.29
Total:	0.54	0.17	0.32

3. Occupational status

The occupational status of the husband was examined using an 11-categorymodification of the code developed by Broom, Jones and Zubrzycki (1965):

1. Upper professional (generally with academic degree)
2. Lower professional (generally without academic degree - military service officer)
3. Large-scale employers, managers
4. Graziers
5. Small-scale employers, managers, self-employed
6. Intermediate non-manual (including nurses, non-commissioned officers

7. Clerical, salespeople
8. Firemen, supervisors, skilled manual workers
9. Small-scale farmers
10. Semi-skilled, unskilled manual workers
11. Not in the workforce (students, etc.).

Due to the small numbers involved, husbands whose occupation was included in categories 1-7 were regarded as white collar workers, and those in categories 8-11 as blue collar workers.

The expectation as regards role sharing was that the white collar group, with perhaps more claim to be considered middle class, would appear in the labour ward with greater frequency than the blue collar group, given the relation between class and role sharing postulated in the literature.

TABLE 5

Husband participation in labour ward by his occupational status

Category	Present	Absent	Total
5.0: Husband present during labour:			
Blue collar	72 (59.5)	49 (40.5)	121 (100)
White collar	126 (72.4)	48 (27.6)	174 (100)
Total:	198 (65.8)	97 (34.2)	295 (100)
$x^2 = 4.8$ $p < 0.05$			
5.1: Husband present for birth:			
Blue collar	41 (34.5)	78 (65.5)	119 (100)
White collar	78 (45.9)	92 (54.1)	170 (100)
Total:	119 (40.2)	170 (59.8)	259 (100)
$x^2 = 3.32$ $p < 0.10$			
5.2: Husband should be present during labour:			
Blue collar	143.(92.3)	12 (7.7)	155 (100)
White collar	187 (88.7)	25 (11.3)	212 (100)
Total:	330 (90.5)	37 (9.5)	367 (100)
$x^2 = 1.20$ $p < 0.30$			

Category	Present	Absent	Total
5.3: Husband should be present during birth:			
Blue collar	114 (74.5)	39 (25.5)	153 (100)
White collar	159 (72.6)	60 (27.4)	219 (100)
Total:	273 (73.3)	99 (26.7)	372 (100)

$x^2 = 0.08$ - not significant

As expected, husbands in the white collar group were more likely to be with their wives during labour and childbirth (Table 5) but there does not appear to be a significant difference in the desire for the husband's presence between the two groups. Given the commentary on role sharing in the literature, the actual participation of the husbands would support the role sharing hypothesis, but support cannot be inferred from the equally high demand for the husband's presence in the two groups, unless one assumes that the high demand among blue collar types represents a stress reaction.

4. Education

The respondents were asked to indicate their level of education by stating whether they had received primary, secondary or university education. Because of the small number of women in the series who had received tertiary education, their replies were included with the secondary group for analytical purposes. The expectation was similar to that held for the analysis of occupations. The literature suggests greater role sharing behaviour among the more educated segment of the population, which is indexed here by the education attained by the wife. The expectation is clearly supported by the data in Table 6, except that significantly more of the women with primary education wanted their husbands present only during labour, probably suggesting a reaction to stress.

TABLE 6

Husband's participation in labour ward by wife's educational level

Education	Present	Absent	Total
6.0: Husband present during labour:			
Primary	156 (65.0)	84 (35.0)	240 (100)
Secondary	43 (81.1)	10 (18.9)	53 (100)
Total:	199	94	293 (100)

$x^2 = 4.47 \quad p < 0.05$

6.1: Husband present at birth:			
Primary	81 (33.5)	161 (66.5)	242 (100)
Secondary	39 (83.0)	8 (17.0)	47 (100)
Total:	120	169	289 (100)

$x^2 = 37.71 \quad p < 0.001$

6.2: Husband should be present during labour:			
Primary	255 (90.7)	26 (9.3)	281 (100)
Secondary	50 (80.6)	12 (19.4)	62 (100)
Total:	305	38	343 (100)

$x^2 = 4.29 \quad p < 0.05$

6.3: Husband should be present at birth:			
Primary	197 (70.4)	83 (29.6)	280 (100)
Secondary	54 (87.1)	8 (12.9)	62 (100)
Total:	251	91	342 (100)

$x^2 = 6.45 \quad p < 0.02$

The evidence from the background survey with respect to the role sharing and stress hypothesis is purely inferential, and the results are somewhat equivocal. The findings anticipated from the literature on both themes are observed. Compatible with previous work which suggests marital role sharing has greater

incidence among young, better educated and middle class couples, we tend to find greater preferences for and against participation of the husband in the labour ward among those with such a profile. We also expect to observe greater stress among women who are having their first child, particularly older women, and the expectation is upheld in the background survey. Perhaps both factors are operative simultaneously rather than as alternatives to one another. However, it is also clear that there is a large discrepancy between preferences for husband participation and actual participation. If the role sharing theme prevails among those with a particular profile with respect to age, occupation and education, we should expect to observe among them a greater difference between preference and actual participation than is apparent from these results. Perhaps the most accurate interpretation is that the observed profile depicts those most susceptible to pressure towards husband participation. However, an understanding of that connection is not intuitively obvious.

5. Interview survey

The results of the background survey suggested that both the role sharing and stress "explanations" of husband participation in the labour ward deserve more intensive empirical scrutiny. Hence a small sample interview survey was carried out in 1974 among the author's patients, in an attempt to obtain more direct indications of the critical role sharing and stress variables. This sample tended to constitute a younger cohort than was the case for the background survey (see Table 2). In addition the respondents also had higher occupational status and more education. It was not

surprising to find that the previous findings with respect to age, occupational status, education, and presence of the husband in the labour ward were not duplicated.

TABLE 7

Husbands present at birth by age of wife

Age	Present	Absent	Total
17-25	16 (72.7)	6 (27.3)	22 (100)
26-43	10 (62.5)	6 (27.5)	16 (100)
Total:	26 (68.4)	12 (31.6)	38 (100)

$x^2 = 0.10 \quad p > 0.50$

TABLE 8

Parity by age of wife / Proportion of husbands present at birth BY PARITY AND AGE OF WIFE

Age	First child	Subsequent child	Total
8.0: Parity by age of wife:			
17-25	15	7	22
26-43	6	10	16
Total:	21	17	38

$x^2 = 2.40 \quad p < 0.20$

8.1: Proportion of husbands present at birth by parity and age of wife:

17-25	0.67	10 (62.5)	0.86	6 (37.5)	0.73	16
26-43	0.83	5 (50.0)	0.50	5 (50.0)	0.62	10
Total:	0.71	15 (57.7)	0.65	11 (42.3)	0.68	26

TABLE 9

Occupational status: Husband present at birth by occupational status of husband:

Category	Present	Absent	Total
Blue collar	5 (50.0)	5 (50.0)	10 (100)
White collar	21 (75.0)	7 (25.0)	28 (100)
Total:	26 (68.4)	12 (31.6)	38 (100)

$x^2 = 1.13 \quad p < 0.30$

TABLE 10

Husband present at birth by wife's educational level

Education	Present	Absent	Total
Primary	18 (81.8)	4 (18.2)	22 (100)
Secondary	8 (50.0)	8 (50.0)	16 (100)
Total:	26 (68.4)	12 (31.6)	38 (100)

Minimal support is given by Table 8.1 to both hypotheses (stress and role sharing), but caution must be observed when dealing with proportions of small numbers, due to the large variation caused by a unit variation in the base data.

The stress hypothesis draws its support from the higher proportion of older women having their first child. This support is largely negated by comparison with Table 4.1, where a similar ratio of proportions is found, but the overall proportion of husbands present in the labour ward has risen from 0.32 percent to 0.68 percent, rather than decreasing as would be expected under this hypothesis. This increase and the high incidence of young mothers having a subsequent child with the husband present provide support for the role sharing hypothesis, although such support is weak owing to the limited size of the sample.

The phenomenon [of the husband being present at the birth] was seen in Table 4.1 to be more prevalent both in first pregnancies, and with younger mothers. Table 8.1 shows a similar age effect, but almost no parity effect. This again may be due to the small sample.

6. Role sharing scores

Although the comparability between the background and interview surveys is suspect, the latter did allow a more direct

assessment of the role sharing and stress hypothesis. Role sharing scores were obtained using the criteria of mutual participation in housework, gardening, and child care chores plus similarity of friends, and outside interests and activities. Each couple was assessed as a unit, and a score of zero (no role sharing) to two (maximum role sharing) was allotted for each dimension. The maximum role sharing score possible was ten. A score of one indicates shared responsibility but clear division of labour, e.g., he mows, she weeds (gardening question). The mean and standard deviation are presented in Table 11, and indicate no significant difference between couples where the husband was, or was not, present at childbirth:

TABLE 11

Role sharing scores

	N	Mean	Standard Deviation
Husband present	26	6.4	2.12
Husband absent	12	6.7	1.60

$t = .48 \quad p > 0.10 \quad 36$ df

The responses of both husbands and wives were re-examined, giving a separate score to each partner and using separate activities as negative predictors. Thisrearrangement of the data did not alter the role sharing scores.

7. Family Networks

In the same way as there was a similarity in role sharing scores, the mobility and family network relationships of both groups were also remarkably alike - almost certainly due to the homogeneity of the population. The use of the

long-distance telephone was a popular method of keeping in touch and, despite the travelling involved, there was considerable family visitation on the occasion of anniversaries or "crises". As a role sharing predictor it was not as useful in this sample as had been expected.

7. Anxiety index

From the replies given to the questions in the checklist an "anxiety index" was allotted. Different respondents referred to various aspects of pregnancy and imminent childbirth which they found stressful. There was a lack of uniformity among what was considered likely to cause anxiety or stress, so four aspects were finally selected:

(i) worry that the baby might be abnormal
(ii) disturbance by the actual labour process
(iii) apprehension as to the actual birth
(iv) loneliness and isolation in the labour ward

TABLE 12

Anxiety Index

	N	Mean	Standard Deviation
Husband present	26	3.28	2.13
Husband absent	12	2.08	1.98

$t = 1.70 \quad p < .05/36df$

The results are clear. The higher the anxiety level, the more likely is it that the husband will be present at childbirth.

REFERENCE

BROOM, L., F. Lancaster Jones and J. Zubrzycki, "An Occupational Classification of the Australian Workforce", Supplement to The Australian and New Zealand Journal of Sociology, Vol.1, No.2, 1965.
1965

CHAPTER IV

RESEARCH FINDINGS - DISCUSSION

The interview survey data demonstrated that the anxiety level was significantly higher for couples where the husband was present in the labour ward. It is also clear that it provided little evidence for the role sharing hypothesis. The association between age, occupation, education, and husband's present noted in the background survey - and which provide inferential support for role sharing - may be largely explained away as an artifact of the stress factor, as is suggested by Tables 4.1 and 8.1. Explaining the increasing trend towards the husband's presence in terms of the stress hypothesis is more problematic. We do not expect stress to be increasing over time; however, it is conceivable that the change in the view (and proceeding) of the medical personnel which facilitates the presence of the husband, coupled with the outcome of childbirth educational programs, is to render the husband's presence in the labour ward an increasingly legitimate mechanism to reduce stress. A variety of aspects suggested in a qualitative analysis of the interview survey data shed some light on these issues. Despite the similarity of role sharing scores, there were different interpretations from respondents on role sharing values, and these will now receive consideration.

1. Role sharing

When asked why she felt her husband should attend in the labour ward, one wife remarked:

> "It is a marvellous experience to have your husband with you - it's the one way in which we could share the birth - he saw what was happening, and was involved".

Here we have a woman suggsting role-sharing motivation and indicating the great satisfaction she gained from what she termed a "marvellous experience". Invited to comment on his wife's statement, the husband made the following observation:

> "I have no strong feelings of a "marvellous experience". I looked on it as an exercise in providing support because I knew that my wife wanted me. I am very glad to have been there because of the emotional nature of the experience".

There is a hidden contradiction in his reply; while his aim was to provide the support he believed was expected of him (and this aim was achieved), yet he derived obvious psychic satisfaction from involvement in an experience of significant emotional content, despite his initial remark that he had no strong feelings of the episode being construed as a "marvellous experience". The wife's reply suggests role sharing both in her original motives and her pereeption of what occurred. On the other hand, the husband's reply indicated stress reduction as his original reason for participation, but implies role-sharing or "shared involvement". Role sharing as the original motive for participation is acknowledged in comments by other husbands:

> "Every husband should go for the birth of at least one of his children - it should be a sort of requirement. It's part of the marriage agreement to share responsibility. If you both want children when you start the process, it should not be left to one party to the agreement to finish it", and again:

> "It's something you can share .. it's terrific to see the baby for the first time together ... coming in five minutes later is not the same".

Similar comments were made by other couples, based upon

the role-sharing idea but stressing more the value of the emotional experience. for example:

> "The baby belongs to both parents, not one. Sharing the birth creates a bond between the three of you".

His wife was more articulate, but no less emphatic in her comment:

> "The baby is surely as much his as mine ... it's a big event in our lives ... I would want him to share it ... this being the first baby, it was a new and significant experience for us both, but it should not lose its meaning next time. To see the baby born together is the ultimate fulfilment of the relationship between husband and wife".

This couple further implied an importance in the change in the dyadic marital status brought about by the birth of the first child, and its function in cementing the relationships of all of them. This was also suggested by another husband, who said:

> "Today's families need a tight-knit relationship to survive the pressures of modern living - the family should start this in the labour ward ... it can only do good".

In spite of the overall lack of statistical support for the role sharing model, it is clear that such sharing was foremost in the minds of some couples, and presents a rationalisation, if not a reason, for the husband's presence at childbirth; it comprises role sharing, responsibility, and also a psychic and emotional experience.

2. Stress reduction

Stress reduction, relief of anxiety and provision of support may be the primary reason for the husband's presence. Sixteen of the wives placed a high priority on this aspect, as is shown by the following comments:

> "... as far as Iwas concerned, it eased my anxiety";
>
> "... I mean, it's not so scarey with your husband there, is it?"

The stress reduction model can operate at the same time as the role sharing one, as can be deduced from the declaration that:

> "It really helps you just to have him there. It is a great comfort if he can stay all the time, right up to and including the birth. The nursing staff cannot give you the same support as your husband; besides, if you do most things together, why shouldn't you do this?"

In her view, sharing the birth of the child and receiving support from her husband at this time do not conflict with one another. Furthermore, such role sharing is related to more general sharing when we have her husband's comment:

> "I went there partly to relieve my own anxiety and partly to relieve Mary's. It is much better than waiting outside in the corridor wondering what's happening. It's undoubtedly the greatest experience I've ever had in my life ... it's not just seeing the baby at the same time as my wife - I felt I was part of the birth".

This husband admitted to his own anxiety and to the fact that he sensed some form of apprehension in his wife. There is also an implied feeling of exclusion in "waiting outside", and of involvement and sharing inside the labour ward.

Alternatively, these two aspects may be quite distinct from each other. Another wife commented:

> "He provided moral support and helped relieve the tedium and anxiety, but in no way was it a shared experience - at the moment of birth, my husband was concentrating too hard to be aware of me".

One husband remarked:

> "My aim was to be there because I believed I was needed. I still believe my presence was necessary during labour, but at the actual birth I finished up as nothing more than an onlooker. I don't think my wife was aware of anything except an urge to push down, and the voice of the doctor giving instructions".

There is no doubt that the innate anxieties of birth, the strangeness of the delivery room, and the waiting period can be alleviated by the presence of the husband, but as there are differing elements in the role sharing model, there are differing nuances in what constitutes stress and what equates to the relief of anxiety as regards the husband's role in the labour ward.

3. Social Pressures

Some husbands participated mainly because of external pressure to do so:

> "I did not want to be there. I felt obligated by the way my wife asked ..."

> "I was there because I was wanted. I wasn't there because of what I wanted. Having gone once, I would go again, if only for the look of delight my wife gave me just after the baby was born".

On the other hand, some wives had insistent husbands:

> "Of course I wanted to be there! Having lived with my wife throughout the pregnancy I felt I should see it right through to the birth of the child. I believe that everyone should see the whole of life - birth, marriage, death. Birth is the start, and at the same time it is the fulfilment of the relationship between husband and wife".

The reference to the life cycle is of more than passing interest, but here there is no suggestion of a "crisis state". Some husbands were insistent because of a desire to be helpful:

> "My wife was none too keen, but I felt I could be of some help".

This feeling was justified when his wife remarked after the birth:

> "Actually I was glad of his company, although I had told him I didn't need him".

In another instance of a determined husband the wife was more interested in receiving professional support:

> "I don't care if he is there or not. All I care about is that the doctors are on the ball".

Another wife evidenced affectionate tolerance for what she deemed to be unnecessary fuss on her husband's part:

> "He does rather carry on about the whole performance - a perfectly natural affair really - I love him, but did not need him on this occasion. I did not have the heart to stop him, it seemed to be a great issue for him".

This particular husband said:

> "It <u>is</u> an issue ... you should be there even though you can't do much. Being there makes you realise what she goes through for the three of you".
>
> "There's nothing to it", said his wife, "I don't see the need, - well, not <u>my</u> need, anyway".

Social pressure may produce other reactions and realisations. Having reluctantly stayed in the delivery room one husband realised that he gave support to his wife, and at the same time experienced the sharing:

> "At first I was very wary about the whole idea .. in fact, I was far from keen, but did not like to say so. I have no regrets now, it obviously meant a lot to her, and I did feel a part of the birth - I felt close to her".

Therefore, social pressure exerted by individuals and groups can be an important factor in establishing what become

other perceptions and attitudes towards the phenomenon.

4. Curiosity

A number of husbands either admitted, or implied, curiosity:

> "Birth is a natural thing, so naturally I decided I would like to see it".

> "Why was I there? I can tell you, alright. My overriding reason was that I just wanted to see what went on, to experience it. My secondary and more noble reason was to feel I'd been helpful in a situation where it seemed to be expected. But then again, I think I really wanted to do it because of myself ... to be part of such a basic thing in life. It would have been a complete waste of time to leave for the actual delivery. For that matter, I'm not convinced that I was in any way of assistance, particularly at the actual delivery. There was so much happening I doubt now whether there is much difference seeing the baby at the moment of b irth and five minutes later. Is there any difference in emotional content? I'll be there next time, if circumstances permit, but I wonder if perhaps we husbands are behaving a little like sheep?"

This husband has crystallised many facets of this multi-focal phenomenon, - curiosity, emotional support, role sharing. At the same time he has some doubts and reservations; it would not have satisfied his curiosity if he had missed seeing the actual birth, but he queries the emotional value of seeing the baby five minutes after birth, as against seeing it being born, and raises the question of the possible relevance of external influences. His wife had a more simplistic approach:

> "It's something you can share. It's somebody you know that is with you and helps you pass the time. It gives the husband an understanding of his wife. It's wonderful to see the baby for the first time together. Coming into the labour ward five minutes later is not as good. I think he is closer to this child than to the first one, who was born in Switzerland in a hospital which did not admit fathers".

This wife quite clearly re-states the explanatory models of sharing and social support as noted in the literature, and the value to the father as a means of enhancing his self-image as a father, as noted in the research.

5. Segreation of sex roles

It has been claimed by some of the nursing staff that social pressure to be present at the birth may do positive harm to the husband-wife sexual relationship if the husband attends the birth against his will. Similarly, one of the doctors remarked that he felt it could destroy the image of the wife as a sex symbol as far as he personally was concerned. It is firmly believed by the author that in general these couples will be self-selecting, and where is the danger if external pressure is of no avail? It is interesting to report the clearly defined motives among couples in the interview survey who declined to take advantage of husband participation in the birth, for the dominant theme expressed appeared to be a strong allegiance to the traditional concepts of the segregated sex role.

> "On this subject of husbands in the labour ward, may I be placed on record as saying that despite a marriage which has so far been highly satisfactory, I have never been with my wife during the acts of defaecation or parturition - my presence on such occasions I deem as totally superfluous"

One wife commented that:

> "I still think there should be some privacy The place for the man is for the man ... the place for the woman is for the woman ..."

Another wife could not overcome her husband's reluctance"

> "I personally would have liked him to see the baby born. There is nothing improper about it - I just could not convince him".

There was a precise rejection by this husband of the concept:

> "It's no place for a man, and if she's in pain it's embarrassing for him to watch. Let him come in afterwards".

These views can be quite strongly held and are projected as a denial of any possible role for the husband:

> "I don't think I'd be conscious of him being there ... he has no particular purpose ... I can't see how a man, unless he is an obstetrician, can see a woman in the same light again - no mystery left".
>
> "I'd probably faint", said one husband.

One couple who rated a maximum role sharing score rejected the role sharing motivation, and demonstrated this same sex segregation notion:

> "My presence", said the husband "is neither necessary nor desirable. Moreover, I can't see very much for me to do in the situation. I don't mind being there at the beginning and afterwards, but as far as sharing, well, I would prefer to share the waiting".
>
> "It is not really possible for birth to be a shared experience" remarked his wife, "men and women are so different, aren't they?"

Prior to marriage the woman had been a midwife, and although she felt that the professional assistance was most important, she did indicate a need for some support from her husband:

> "When the time comes to have the baby, you need your doctor more than you need your husband, but in the first stage of labour it is lonely, and one's husband can be a great comfort. At the time of birth it's more physical than emotional - emotion comes right afterwards, when it's good to see your husband".

The fact that there was not a great difference between the role sharing scores between the two groups in the interview survey can perhaps be explained by the fact that it is possible to share the division of labour inthe home, but still have a sharply

delineated concept of segregated sex roles which would inhibit a married couple when it came to deciding whether or not the husband should be present at the birth of their baby. This segregated sex role concept can be expressed as a priority rating for professional assistance:

> "There's not much he can do and I would be conscious of his feeling useless. The professional help is basic, it's what they are trained to do".

> "I don't think I'd be aware of him being there. Nurses and doctors are more important in the labour ward than husbands. I'm happier to see the gas machine [for pain relief] than my husband".

One husband (a psychologist) believed that being in the labour ward would compound his own personal stress rather than relieve his anxiety, and his presence could add to his wife's problems:

> "It is suggested that my presence in the labour ward is going to provide support and ease tension - I doubt it. I would be worried about letting the side down by doing something stupid like passing out. My wife would most likely have her own problems added to because she has to be the brave little woman in front of her doting husband. She can play the patient role better without other actors causing conflict"

"Not necessarily so", said his ambivalent wife. Another wife whose pretended ambivalence was really a manifestation of this segregated sex role attitude said that she did not really know about husbands in the labour ward. Finally she asked him to leave shortly before the delivery, because she "wanted to get on with it alone". She was delighted to see him back afterwards. She knew he could remain, but did not press him and he never asked. Next time it would depend on the mood of the moment, perhaps she would have him. His observation was

quite succinct: "I'll stay if I'm wanted - it's up to her - it's her show". [This woman has since had another baby and sent her husband out of the delivery room again].

Thus, these conceptions of segregated sex roles prevent or inhibit some wives from asking, or allowing, their husbands to participate, or for husbands to give support to their wives by sharing the role in the labour ward.

6. Father-Child Identification

Irrespective of the primary motive for husband participation in the birth event, the experience of it in some cases has the effect of enhancing the husband's image of himself in the father role:

> "This has given me an appreciation of pre-and-post-natal things", remarked one husband, "and certainly gets the father-child relationship off to a good start".

His wife agreed, but also commented on the supportative aspect of the husband's role:

> "It is very comforting to have somebody you know with you all the time. It gives the husband an idea of what goes on and brings him closer to the wife, and closer to the child".

In this case the wife gained support during the experience, but the effect was to cement the relationship of husband and wife, as well as that of father and child. Another couple made similar observations:

> "I feel most attached to this child, and have an even more interested view of my wife".
>
> "I'm sure", said his wife, "that it brings him close to the child and gives him more understanding ... you can share the joy of the baby when it is born".

Here the transition from the marital dyad to the family triad is smoothed.

One husband was present because of a type of curiosity and a desire to share the experience with his wife, but the effect of the experience was to tighten the family circle, and perhaps to forge a pseudo-biological link between father and child:

> "We were never told as children what childbirth is all about. A man wants to be there so that he can explain it to his children and say that he had the privilege of being at their birth. Husbands go to see what it is all about and to be close to their wife, and support her, but the event ties the father to the child just as close as possible".

Thus it could be that emotional involvement in pregnancy, in labour and childbirth, is particularly salient in orientating a father towards his infant by forming this pseudo-biological link which strengthens the emotional bond between the two later.As a possible motive rather than as an effect of the experience it may represent a sub-conscious desire on the part of the father to identify with his child.

From the foregoing it would seem that, irrespective of the primary reason for a particular husband's participation in the labour ward, there are cases in which the experience produces an effect altogether different from that of the original motivation. For example, the curious husband may find himself emotionally involved, deriving a better understanding of the birth event and finding an enhancement of his own self-perception of the father role. The husband who responds to social pressure may suddenly find himself actually in a role sharing situation, and feel closer to his wife because of it. Those who see their role as a specifically supportative one may also experience a type of role sharing through emotional involvement.

The phenomenon of husband participation in childbirth appears multi-causal, or at least it would seem that more than one of these causes can operate as initiating motivations in particular instances. The varied experiences of the couples produced in many cases a smoother transition from the dyadic marital state in the case of first pregnancies, and cements the relationship between the husband, wife, and child.

CHAPTER V

EXTERNAL PRESSURES INFLUENCING HUSBAND PARTICIPATION

In seeking an understanding of husband participation in the birth event in general, and with reference to one Australian metropolitan hospital in particular, stress reduction, role sharing, and curiosity appear operative motivations, as well as the influence of social pressure. In the case of some husbands there is possibly a subconscious desire to identify with the new baby, but none of these factors could be considered as a universal and as has already been suggested, the original reason for the husband's presence may act only as a catalyst in the actual reaction generated by the experience.

There is no doubt that even when birth is not construed as a "crisis state" it can be a time of anxiety, and the stress reduction hypothesis is attractive; but with better obstetrics, a falling perinatal mortality and improved lay knowledge, if this is the prime and only reason, husbands in the labour ward should be either a vanishing phenomenon or at least a constant one, rather than one which appears to be gaining in popularity. Similarly, if the ideal type of role sharing husband depicted in the literature and noted in the research is a valid construct, the proportion who have some approximation to this image should remain more or less the same in a given community in the short run. However, the research shows a sudden increase in the proportion, and there is also an associated increase in the desire of wives for the presence of the husband. Given a

tolerant hospital administration and nursing staff and an ambivalent medical profession, it is reasonable to assume some external push factor which precipitates such trends and is responsible for the sudden dramatic increase in client demand and performance.

1. Sources of social pressure

The significance of social pressure has been briefly referred to in earlier chapters. Those couples who took part in the interview survey and who were together for the birth of their baby were asked to attempt to isolate and identify the origin of the idea which stimulated their decision to be together during the birth, in order to elucidate the source of such push factors. Replies are summarised below:

TABLE 13

External influence behind husband participation decision

	Wife	Husband	Total
Childbirth Education Association	8	1	9
Hospital Antenatal Classes	3	-	3
Nursing Staff	3	3	6
Doctor	1	-	1
Wife	-	13	13
Husband	3	-	3
Joint decision	2	2	4
Absence of wife's family	-	1	1
Relatives	1	1	2
Friends	5	5	10
Total:	26	26	52

It can be seen that there are what can broadly be classified as professional, marital, and social influences at work. Among the wives, encouragement from the professionals outnumber non-

professional source encouragement, such as friends and relatives, and among the former the Childbirth Education Association seems dominant as a source of influence. On the other hand, among the husbands non-professional sources were more influential, and of these the wife appears to be the most significant. Thus the most common pathway for husband participation could be visualised as stemming from professional sources to the wife and thence to the husband, but the relevance of social contacts for both husband and wife cannot be ignored, nor does the nursing staff appear as totally neutral and without effect in this matter.

2. Antenatal Classes

The overall increase in the popularity of antenatal classes can be gauged by comparing attendance rates as recorded in a previous survey (1968-69) among the author's patients (Alwyn, 1975: 2, 344-346), with what was observed in the background survey (1971-72):

TABLE 14
Antenatal class attendance comparison

Class type	Survey 1968-69	Survey 1971-72
Hospital	104	198
Childbirth Education Assn	-	79
YWCA	-	50
Private	10	2
Total:	114 (33.3%)	329 (68.4%)
Survey total:	442	372

It can be seen that in the samples studied, attendance at classes conducted by the hospital has almost doubled, and

the number attending classes conducted by other bodies in 1971-72 exceeds the total number observed in 1968-69. Reference to Table 1 shows a sharp upsurge in the number of husbands present for the birth of their child after 1969, coincidental with the formation of the local branch of the Childbirth Education Association, and it is suggested that the interactive influence of the CEA spreads beyond its members. In the months following its inception, part of the membership fee was used to hire the projection room at the local School of Anatomy in order to give free showings of childbirth educational films and encourage membership. It advertised such evenings in the local newspapers and in the free time given nightly to community welfare and charity announcements by one of the television stations. Since its first year of operation it has not needed to advertise.

The number with which the Association can cope is limited by its resources, although reference to Appendix C shows its rapid growth rate as regards membership, the number of classes held, and the number of suburbs where classes are conducted.

The YWCA commenced classes for those of its members who could not be placed by the CEA, and it could be that the CEA has indirectly produced interest in the hospital classes, also because those who cannot obtain a place in the CEA classes attend those arranged by the hospital as second choice; again, some women decided to take the hospital classes when they find that a fee is required by the Association, there being no charge for the hospital classes. Irrespective of who sponsors or who conducts them, all classes inform those who attend of the

open-door policy to husbands in the maternity unit.

After the birth, the hospital physiotherapists who conduct the antenatal classes have postnatal exercise for the mothers but there is no further active involvement with the child. On the other hand, a recent innovation on the part of the nursing staff at the hospital (1976) has been the introduction of childcraft classes for fathers two nights weekly. In these classes the fathers are shown how to bath the baby, put on diapers, prepare bottles, and are given instruction on common medical problems. The attendance at these classes varies between 4-15 fathers nightly. The average postnatal ward bed occupancy is 60 patients.

At the CEA meetings it is common practice for a husband and wife team to narrate their experiences to a novice class and sometimes their comments are incorporated in the monthly Newsletter sent to members.

The President and Secretary of the local Childbirth Education Association were interviewed in April 1974, and were invited to state the aims of their Association. A summary of their replies follows:

(a) to normalise societal attitudes to childbirth;
(b) to provide interest, instruction and help in place of ignorance or disinterest;
(c) to assist the transition to parenthood so that committed married couples become committed parents;

They see the role of the husband is to:

(a) show an interest in the development of the pregnancy;
(b) support his wife in the first stage of labour by his presence in the labour ward;
(c) remain for the birth if possible .

Groups such as the British Association for the Improvement of Maternity Services (AIMS) are much more activist in structure, motivation and performance. They lobby local authorities, hospital boards, encourage communication with the media. The idea of husbands in the labour ward is important to them, but it is only one of their platforms, which include return to a greater incidence of home confinement.

In Australia, individual members of the "Womens' Electoral Lobby" have shown an interest in broadly the same range of topics as AIMS, but tend to leave childbirth education to the CEA. They appear to be more interested in family planning clinics and a better abortion service. WEL was represented at an Australian Broadcasting Commission current affairs program "Monday Conference" in 1973, when the then president of the Australian Regional Council of the Royal College of Obstetricians and Gynaecologists - Ian McDonald - was interviewed about childbirth labour and confinement. The question of husbands in the labour ward was not mentioned. There was more interest in verbalising their value judgments of doctors and airing some of their less successful obstetrical experiences.

The CEA exerts a slight but perceptible pressure on hospitals and doctors; it negotiated for familiarisation tours of the labour wards for its members, and in response to the suggestion of a member, when the second hospital in the city commenced taking maternity patients (1974), it included a space on the hospital admission form for the doctor to indicate his permission or otherwise for the husband to be present during the birth.

The Association should be seen as representative of other branches throughout Australia, and as a member of the International Childbirth Education Association, one of a number of organisations whose fundamental interests are preparation for parenthood, psychoprophylaxis, and "family centred maternity" with involvement of the husband. Almost evangelical in their early enthusiasms, one suspects that in some instances many of these groups are in the process of institutionalisation, but for their members they play a definite part in the process of anticipatory socialisation of the parent role prior to the birth event.

It would seem evident that the CEA has given strong impetus to an already existing trend for the participation of the husband in the labour ward. However, each individual is free to choose his or her response to social pressures, and in the final analysis it is the reaction of the particular individual which is significant.

REFERENCE

ALWYN, J., 1975 "Social Aspects of Pregnancy - Canberra Survey", The Medical Journal of Australia, 2, pp. 344-346.

CHAPTER VI

CONCLUSIONS - IMPLICATIONS OF THE STUDY

Birth, maturity, reproduction, and death are the four crucial stages of the life cycle; this thesis has been concerned with an aspect of birth. Man acknowledges the social importance of these biological epochs by associating special customs and rituals with them. No culture totally ignores these critical periods in life: by some they are accepted as part of the natural order, but cause others deep anxiety and tension.

Pregnancy foreshadows birth and is itself a crisis condition that preludes the critical event of giving birth. Primitive man either has a clear-cut set of socially accepted expectations, or seeks to dispel the intrinsic fears associated with pregnancy and childbirth by the elaboration of appropriate behavioural patterns. For example, among the Shoshone Indians when the expectant mother goes to the lying-in hut, her husband goes into retreat, eats only vegetarian food, and stays there until the child's umbilical cord has separated, while the female relatives attend to his wife.

For modern man, who does not have the benefit of such ritualism, Grady (following Rapaport) reminds us of three guidelines for crisis resolution:

> firstly: correct cognitive perception of the situation which is furthered by acquiring new knowledge, and by keeping the problem in consciousness;
>
> secondly: management of effect and awareness of feeling and appropriate verbalisation leading towards tension discharge and mastery;
>
> thirdly: development of patterns of seeking and using help with actual tasks and feelings by using interpersonal and institutional resources (1975: 140: 11,790).

It can be seen that these theoretical guidelines have been operationalised in the introduction of the modern husband to the labour ward.

Modern doctors have been able to stress the normality of giving birth in the majority of cases because of the continuing advances in midwifery and the reduction in the perinatal mortality rate. Safer obstetrics also favours the removal of restrictions and sanctions against those who wish to normalise the labour ward atmosphere by opening its doors a little wider. There have been social scientists who have tried to defuse the problems associated with the innate anxieties of giving birth, by speaking of "normal transitions" (Rossi, ibid), instead of "crisis states", and who have encouraged frank discussion between all parties and the articulation of hidden fears (Kitzinger, ibid).

The sponsoring of antenatal classes of instruction for both husbands and wives by hospitals and childbirth education groups have not only eased the worries of mothers but have also at least stimulated the interest of husbands, allowed more communication between the parties involved and provided an institutionalised bridge between the tenets of folklore and the edicts of the medical profession.

From the foregoing has evolved the concept of "family centred maternity"[1] which in some cases favours a return to more domiciliary midwifery, and in all instances seeks to permit husband participation in the birth process. It is this later facet which has specifically occupied the attention of the author.

A community was examined where it had long been the practice to admit husbands to the labour ward with their wives. The general trends were noted and the population sampled to discover any correlation between their reasons, motives and values, and those ascribed to other communities in the relevant literature. The findings were somewhat circumscribed by the selectivity of the sample, but this deficiency notwithstanding, the information gathered from the research was not without interest. The aim was to develop an appreciation of the phenomenon of husband participation in the labour ward, an understanding of the primary motivations of those directly concerned, and from this obtain a concept of the nature of the role of the husband in this situation.

The investigation of the community by means of a background survey followed by an interview survey suggested that the phenomenon of husband participation in childbirth could be expected among those having their first child, particularly the young women in this situation; among those with one or more "middle class"attributes such as "white collar" occupations or above average education, and that the motivations behind such performance included role sharing, relief of anxiety, curiosity, and a response to external social influences.

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[1] See Elisabeth Bing, "Psychoprophylaxis and Family Centred Maternity" in Psychosomatic Medicine in Obstetrics and Gynaecology, pp. 71-73.

The research substantiates the contention in the literature that the provision of support and relief of anxiety is an important reason and motivation for the husband's presence in the labour ward. Perhaps the two models of role sharing and stress reduction are really only different reflections from the same mirror. Intuitively there must also be some element of sharing of hopes and expectations, and mutual support in the critical antenatal period when the future parents are undergoing what is really a period of anticipatory socialisation, and the varying needs of the couple are communicated to each other. It could be that what in some cases presents itself as role sharing, and in other as stress reduction, may in fact be an individual response to a "needs disposition" which one party may sense in the other, or even within themselves.[2] The husband who insists on being in the labour ward may be responding to his own need to identify with his child.

Regardless of these needs, hopes and expectations, there can be no place for any layman in a labour ward without the concurrence of the professional hierarchy: even with this approval it seems to require stimulation from influences such as elements of the media and childbirth education programs to act as additional sources of socialisation before such participation of the husband is generally accepted as a variant

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[2] "In order to understand the behaviour of specific role incumbents in specific institutions we must know both the role expectations and need-dispositions involved. Generally, it is only after this modification has been accomplished that appropriate aznd convincing role enactment will occur" (Thornton and Nardi, following Getzels, "The Dynamics of Role Acquisition", American Journal of Sociology, 80,4, pp. 870-886.

of normative behaviour and there is any clear concept of his role. Many of the childbirth educationalists have little difficulty in such role conceptualistations, but these are usually ideal-type evaluations.[3] The future trend for husband participation in childbirth seems assured, but is difficult to predict because some husbands who take part solely at the request of their wife, or to provide support, find the experience satisfying and meaningful. Thus they have an incentive to attend the birth of their next child, and may also influence others. On the other hand, reactions to external influences vary and some husbands may not wish to attend again. It must be tacitly concluded, however, that those who acknowledge a need within themselves, those who do not adhere too strongly to segregated sex roles, and those who hold favourable attitudes towards the idea of role sharing, may respond positively to such influences which in themselves may permit the projection of these various characteristics. Such a reaction could be expected among the young, better educated middle class couples expecting their first child.

As an exploratory study the research suggests that the role of the husband is the labour ward is still emerging; that many of the questions generated by an examination of the various social determinants associated with husband participation in childbirth in modern western society remain

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[3] Sasmore crystallises the various ideal type evaluations when she says that "The father's role in the delivery room is very specific. He is there as coach, supporter and reporter to his wife ... He is there to share the joy, the excitement, and the sense of accomplishment when the baby is born" (Sasmore: 1972, p. 279).

unanswered, and that there is an ongoing requirement for further assessment and appraisal of social phenomena associated with childbirth.

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REFERENCES

BING, E., 1972 "Psychoprophylaxis and Family Centred Maternity", in Psychosomatic Medicine in Obstetrics and Gynaecology, ibid., pp. 71-73.

GRADY, M., 1975 "An Assessment of the Behavioral Scientist's Role with the Dying Patient and the Family", Military Medicine, Vol.140: 11, pp. 789-792.

HOEBEL, E.A., 1966 The Study of Man, ibid., p. 322.

KITZINGER, S., 1967 The Experience of Childbirth, Penguin Books, London.

ROSSI, A., 1966 "Transition to Parenthood", Journal of Marriage and the Family, 30, 1: pp. 20-29.

SASMORE, J., 1972 "The Role of the Father in Labour and Delivery", in Psychosomatic Medicine in Obstetrics and Gynaecology, ibid., p. 279.

THORNTON, R., and Nardi, P., 1975 "The Dynamics of Role Acquisition", American Journal of Sociology, 80,4: pp. 870-886.

APPENDIX A

SURVEY QUESTIONNAIRE

Please circle your choice of answer to each question:

1. Age ..... yrs
2. Country of birth .....
3. No. of Years in Australia .....
4. Religious affiliation
   (a) Anglican
   (b) Catholic
   (c) Lutheran
   (d) Methodist
   (e) Presbyterian
   (f) Other Protestant denomination
   (g) Orthodox
   (h) No religion
5. Education: Primary; Secondary; University
6. Occupation before marriage
7. Did you work during your last pregnancy? Yes No
8. Husband's occupation
9. How many children have you?
10. How many children do you want altogether?
11. What year was your last baby born?
12. How many years would you like between your last child and the next?

ANTENATAL CLASSES

13. Did you attend antenatal classes with your last pregnancy? Yes No
14. If the answer to 13 is Yes:
    (a) Did you attend hospital classes? Yes No
    (b) Childbirth Education classes? Yes No
    (c) Other antenatal classes? Yes No
    (d) Did you find these helpful? Yes No

APPENDIX A - Questionnaire (Contd)

15. If the answer to 13 is No: was it because:

(a)	Working made it impossible?	Yes	No
(b)	You had previously found them unhelpful?	Yes	No
(c)	You did not know about them	Yes	No
(d)	You did not think them necessary?	Yes	No

LABOUR

16. Do you think the husband should be in the labour ward during his wife's labour? Yes No

17. Should he remain for the actual birth? Yes No

18. Was your last baby delivered by Caesarian section? Yes No

If the answer to 18 is Yes, do not answer 19 and 20.

19. Was your husband present during your last .. Yes No

20. Did your husband stay for the birth? Yes No

BREAST FEEDING

21. Did you breastfeed your last baby? Yes No

22. If the answer to 21 is Yes:

How long did you breastfeed for: ... weeks
... months

23. Did you stop feeding because:

(a)	supply failed	Yes	No
(b)	cracked nipples or breast problems	Yes	No
(c)	you had to return to work	Yes	No
(d)	Difficulties with contraception	Yes	No
(e)	You did not like breastfeeding	Yes	No

24. If you did not feed this baby was it because of a previous failure? Yes No

25. If you have another baby do you wish to feed it? Yes No

...

APPENDIX B

Interview Survey of Husbands and Wives: Interview Schedule Checklist

1. Age
2. Geographical mobility:
   - (a) Birthplace
   - (b) Years of residence in present city
   - (c) Stated home town
3. Social mobility:
   - (a) Paternal occupation
   - (b) Respondent's occupation
   - (c) High educational level attained
4. Family Network System:
   - (a) Family of orientation lives in same city
   - (b) Family does not live in same city
   - (c) Sees family
   - (d) Telephones family
   - (e) Writes to family
5. Role sharing Attributes:
   - (a) Child minding
   - (b) Housework
   - (c) Gardening
   - (d) Separate friends
   - (e) Different outside interests
6. Stress Factors:
   - (a) Baby not wanted
   - (b) Inadequate preparation for pregnancy, childbirth, parenthood
   - (c) Disturbed by old wives' tales
   - (d) Fear of the unknown
   - (e) Anxious about personal behaviour in labour and her husband's reaction
   - (f) Worried that something will go wrong
   - (g) Concerned that baby will be abnormal
   - (h) Anxious about the effect the baby will have on their relationship
   - (i) Physically trying
   - (j) Labour ward unfamiliar or lonely
   - (k) Professional staff disinterested

APPENDIX B (Contd)

6. (contd)

(e) Anxious about personal behaviour in labour and her husband's reaction

(f) Worried that something will go wrong

(g) Concerned that baby will be abnormal

(h) Anxious about the effect the baby will have on their relationship

(i) Physically trying

(j) Labour ward unfamiliar or lonely

(k) Professional staff disinterested.

7. Desire for Husband's Presence:

(a) During labour

(b) During childbirth

8. Reasons for response to Q.7:

9. Origin of Idea

...

APPENDIX C

TABLE 16

Summary of activities of Local Branch of Childbirth Education Association, March 1970 - April 1974

Period	No. of months covered	No. of Courses	Attendance	No. of Suburbs in which courses conducted
March 1970 - February 1971 inclusive	12	13	95	5
March 1971 - February 1972	12	36	250	10
March 1972 - April 1973	14	47	420	21
May 1973 - April 1974	12	82	668	27

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Source: Association Executive

BIBLIOGRAPHY

ABEL, T., 1970 — The Foundation of Sociological Theory, Random House, New York, p. 192.

ADAMS, B.N., 1970 — "Isolation, Function and Beyond: American Kinship in the 1960's", Journal of Marriage and the Family, p.575.

ARING, C.D., 1970 — "Man Versus Woman: A Historical and Cultural Framework", Annals of Internal Medicine, 73, pp. 1025-1031.

BADGLEY, R.F., 1971 — "Altruism, role conflict, and marital adjustment: A factor analysis of marital interaction", Marriage and Family Living, 23, Feb: pp. 20-26.

BERGER, N. and J. Maizels, 1962 — Woman - Fancy or Free?, London Mills and Boon Ltd.

BERNARD, J., 1964 — "The adjustments of married mates", Handbook of Marriage and the Family, H.T. Christensen (ed.), Chicago, Rand McNally, pp. 657-739.

_____, 1961 — "Divorce", in Encyclopedia of Sexual Behaviour, A.Ellis and A. Arbanel (eds.), New York, Hawthorn Books Inc., Vol.1: pp. 338, 343.

BETTLEHEIM, B., 1970 — "The Change in Woman's Role in Home and Society", in What is Happening to American Women Scott, A.F. (ed.), SNPA Foundation Seminar Books.

BIDDLE, B.J. and E.W. Thomas, (ed.), 1966 — Role Theory: Concepts and Research, John Wiley and Sons Inc., New York.

BLOOD, R.A. and D.M. Wolfe, 1960 — Husbands and Wives: The Dynamics of Married Living, Glencoe, Ill. Free Press.

BUCHLER, I.R. and H.A. Selby, 1968 — Kinship and Social Organisation, Macmillan & Co., New York.

Bibliography (Contd)

CHRISTENSEN, H.T., "Timing of First Pregnancy as a Factor in Divorce: A Cross-Cultural Analyses", 1963 Eugenics Quarterly, 10: pp. 283-289.

CONWAY, R., The Great Australian Stupor, Sun Books, Melbourne. 1971

DAHLSTROM, E., The Changing Roles of Men and Women, Gerald Duckworth & Co. Ltd., London. 1967

de BEAUVOUR, S., The Second Sex, Penguin Books, London. 1972

DEES, W.D. and S.G. Lutkins, "Parental depression before and after childbirth", 1971 Journal of the Royal College of General Practitioners, 21: pp. 26-31.

DENTLER, R.A., and P. Pineo, "Sexual adjustment, marital adjustment and personal growth of husbands: a 1960 panel analysis", Marriage and Family Living, 22, Feb. pp. 45-48.

DOMINIAN, J., Marital Breakdown, Penguin Books, Harmondsworth, 1969 Middlesex.

DURKHEIM, E., The Division of Labor in Society, 2nd ed. New 1947 York, Free Press.

EASLEY, E.B., "The dilemma of women in our culture: 1971 Gynaecologic repercussions", American Journal of Obstetrics and Gynaecology, 110 (6), pp. 858-864.

ELDER, R.A., "Traditional and developmental conceptions of 1949 fatherhood", Marriage and Family Living, 11: pp. 98-101.

FORBES, R., "The Father's Role", in Psychosomatic Medicine in Obstetrics and Gynaecology, ibid., p.281.

FOGARTY, M.P., Sex, Career and Family, R. and R. Rapaport, 1971 London, George Allen & Unwin.

Bibliography (Contd)

FRIEDAN, B., 1963 The Feminine Mystique, Victor Gollancz, London.

GOFFMAN, E., 1961 Encounters, Penguin, USA

GREER, G., 1970 The Female Eunuch. Mae Gibbon and Kel Ltd., London.

HERNADEZ, A.J., 1957 "La practique de la methode psycho prophylactique en clientele privee", La Journée d'Études sur les Methodes Psychologiges en Obstericale, Paris, 7, April.

HETZEL, B., 1974 Health and Australian Society, Penguin Books, Ringwood, Australia.

HICKS, M.W. and Platt, _., 1970 "Marital Happiness and Stability: A Review of the Research in the Sizties", Journal of Marriage and the Family, Nov. 1970, pp. 553-565.

HOLTER, H., 1970 Sex Roles and Social Structure, Oslo. Universitetsforlaget.

HOMMEL, F., 1969 "Nurses in Private Practice as Monitrices", American Journal of Nursing, 69: 7, pp. 1447-1490.

KATZ, I., S. Blucksberg and R. Krauss, 1960 "Need satisfaction and Edwards PPS scores in married couples", Journal of Consulting Psychology, 24: pp. 205-208.

KITZINGER, S., 1971 "An Anthropological approach to Education for Childbirth, with the Underprivileged", in N. Morris (ed.), Psychosomatic Medicine in Obstetrics and Gynaecology, S. Karger, Basel, pp. 56, 49.

KOMAROVSKY, M., 1967 Blue Collar Marriage, New York. Vintage Books.

Bibliography (Contd)

KOTLAR, S.G., 1965 "Middle-class marital role perception and marital adjustment", Sociological and Social Research, 49, April, pp. 283-293.

LAMOUSE, A., 1969 "Family Roles of Women: A German Example", Journal of Marriage and the Family, Feb. 1969, pp. 145-152.

LIVELY, E.L., 1969 "Towards Concept Clarification: The Case of Marital Interaction", Journal of Marriage and the Family, Feb. 1969, pp. 108-114.

LINTON, R., 1936 The Study of Man, Appleton-Century, New York.

LOPATA, H.Z., 1971 Occupation Housewife, Oxford University Press, p. 187.

MacKENZIE, N. 1962 Women in Australia, Melbourne. Cheshire.

MERTON, R., 1967 On Theoretical Sociology, Free Press, New York.

MEYEROWITZ, J.H., 1970 "Satisfaction during Pregnancy", Journal of Marriage and the Family, 32, Jan. pp. 38-42.

MILLER, J.S., 1963 Childbirth, Atheneum Publishers, New York.

MYRDAL, A. and Klein, V., 1956 Women's Two Roles, London, Routledge & Kegan Paul.

McGREGOR, C., 1971 Don't Talk to me about Love, Sydney, Ure Smith.

O'NEILL, N., and O'Neill, G., 1973 Open Marriage, Avon Books, New York.

Bibliography (Contd)

ORDEN, S.R. and N.M. Bradburn, "Working Wives and Marriage Happiness", American Journal of Sociology, 74, Jan., pp. 392-407. 1969

_____ "Dimensions of marriage happiness", American Journal of Sociology, 73, May. pp. 715-731. 1968

PARSONS, T. and Bales, R., Family Socialization and Interaction Process, New York. Free Press. 1955

PARSONS, T., "The Kinship System of the Contemporary United States", in Essays in Sociological Theory, (Talcott Parsons), Free Press of Glencoe. 1954

PAWSON, M. and Morris, N., "The Role of the Father in Pregnancy and Labour" in Psychosomatic Medicine in Obstetrics and Gynaecology, ibid, p.273.

RAINWATER, L., R.P. Coleman and G. Handel, Working Man's Wife, New York, Oceana Publications.

ROWBOTHAM, S., Hidden from History, Penguin Books, Ringwood, Australia. 1975

ROSSI, A.S., "Equality between the Sexes: An Immodest Proposal", Daedalus, 93: pp. 607-652. 1964

SENDER, F., "Husbands in the Delivery Room", International Childbirth Education Association Publications, Chicago. 1968

SAFLIOS-ROTHSCHILD, C., and J. Georgiopoulos, "A Comparative Study of Parental and Filial Role Definitions", Journal of Marriage and the Family, Vol.32 (3), pp. 381-389. 1970

SIMMEL, G., "The Dyad and Triad", in Sociological Theory: A Book of Readings, L. Coser and B. Rosenberg (eds.), Macmillan, Toronto, p. 62. 1969

SIMMINS, L.W. and H.G. Wolff, Social Science in Medicine, Russell Sage Foundation, 1954

Bibliography (Contd)

STUCKERT, R.P., "Role perception and marital satisfaction - a configurational approach", Marriage and Family Living, 25, Nov. pp. 415-419.
1963

SUSSAN, M.W. and W. Watson, Sociology in Medicine, Oxford University Press, London.
1962

VILAR, E., The Manipulated Man, Corgi Books, London.
1973

WONNELL, E.B., "The Education of the Expectant Father for Childbirth", Nursing Clinics of North America, Vol.6 (4), pp. 591-604.

WHYTE, W.H., The Organisation Man, Simon and Schutzer Inc., New York.
1956

YUDKIN, S., and A. Holme, Working Mothers and their Children, London. Michael Joseph.
1963